

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Bong Keun LEE

For (title): METHOD FOR DETECTING ACCIDENT

1. Type of Application

This new application is for a(n):

☒ Original

☐ Design

☐ Plant

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

15 Pages of specification
3 Pages of claims
1 Pages of abstract

5 Sheets of drawing
☐ formal
☐ informal

19 TOTAL PAGES

B. Oath or Declaration

Newly executed (original or copy)

2 TOTAL PAGES

3. Additional papers enclosed

Assignment Papers (cover sheet and document(s))

Power of Attorney

Certified Copy of Priority Document(s) (if foreign priority is claimed) Korean Application
No. 79442/2002 filed December 13, 2002

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10

I hereby certify that, on the date shown below, this paper (along with any referred to as being attached or enclosed) is being:

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X deposited with the United States Postal Service in an envelope addressed to the Commissioner of Patents,
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37 C.F.R. § 1.8(a)
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37 C.F.R. § 1.10

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Signature

Catherine R. Viquelia

(type or print name of person certifying)

Date: October 20, 2003

4. Fee Calculation (37 C.F.R. § 1.16)A. ☒ Regular application

CLAIMS AS FILED					Basic Fee 37 C.F.R. § 1.16(a) \$ 770.00
	Number Filed		Number Extra	Rate	
Total Claims (37 C.F.R. § 1.16(c))	15	- 20 =	0	x \$ 18.00	\$0.00
Independent Claims (37 C.F.R. § 1.16(b))	2	- 3 =	0	x \$ 86.00	\$0.00
Multiple dependent claim(s), if any (37 C.F.R. § 1.16(d))				+ \$ 290.00	0
FILING FEE CALCULATION					\$770.00

5. Fee Payment Being Made at This Time

Enclosed

Filing fee

\$ 770.00

Recording assignment (\$40.00; 37 C.F.R. § 1.21(h))

\$ 40.00

TOTAL FEES ENCLOSED

\$ 810.00**6. Method of Payment of Fees**Attached is a ☒ check ☐ money order in the amount of \$ 810.00.Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 502481. A duplicate of this paper is attached.

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 SIGNATURE OF PRACTITIONER

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